FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, to some standard) is changed) ever the lines	ype 12FE4M5
LONGHORN	PAC	
ADDRESS (number and	7315 Wisconsin Avenue	
(Chook if add	Suite 705 East	
(Check if add is changed)	Bethesda	
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA		
		<del></del>
COMMITTEE'S WEE	B PAGE ADDRESS (URL)	
COMMITTEE'S FAX <b>3016568343</b>	NUMBER	
2. DATE <b>0</b> ;	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFIC	ATION NUMBER C C00402602	
4. IS THIS STATE	MENT NEW (N) OR X AMENDED	D (A)
I certify that I have exan	nined this Statement and to the best of my knowledge and belief it is true, or	correct and complete
Type or Print Name or	Treasurer Olene Stone	
Signature of Treasure	er Electronically Filed by Olene Stone	Date 03 / 13 / 2008
NOTE: Submission of fa	alse, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPO	
Office Use Only	For further infor Federal Election Toll Free 800-42- Local 202-694-1	4-9530 (Revised 02/2003)

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5.	TYPE OF CO	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate		
	Candidate Party Affiliatio	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(d)	This committee is a (National, State (or subordinate) committee of the	Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
L	None		
L			
	Mailing Addre	ss	
		CITY <b>≜</b> STATE <b>≜</b>	ZIP CODE
	Relationship  Type of Conne	ected Organization:	
		oration Corporation w/o Capital Stock Labor Organiza	ation
			uioi i
	iviem	bership Organization Trade Association Cooperative	

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W	rite or Type Commit	tee Name					
	LONGHORN P	AC					
7.	Custodian of Rec possession of C		by name, address, (phone numes and records.	nber optional), and pos	ition of th	e person in	
	Full Name	Campaign F	Financial Services				
	Mailing Address		7315 Wisconsin Aver	nue			
			Suite 705 East				
			Bethesda		<u> </u>	20814 _	
	Title or Position ▼		CITY A	STAT	Έ <b>Δ</b>	ZIP COD	E A
		Custodian of R	ecords	Telephone number	301		8088
3.	Treasurer: List name and addre	the name and a ess of any design O'Lene Stor	address (phone number optiognated agent (e.g., assistant tre	onal) of the treasurer of the easurer).	e commit	ttee; and the	
	Mailing Address		7315 Wisconsin Aver	nue			
			Suite 705 East				
			Bethesda		<u> </u>	20814	
	Title or Position ♥		CITY A	STAT	Έ <b>Δ</b>	ZIP COD	DE A
		reasurer		Telephone number	210	824	5294
	Full Name of Designated Agent						
	Mailing Address						
	Title or Position ▼		CITY A	STAT	E 🐴	ZIP COD	E A
				Telephone number		. – –	

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9.	<b>Banks or Other Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
	Name of Bank, De	pository, etc.			
Frost National Bank					
	Mailing Address	PO Box 1600			
		San Antonio	<b>TX</b>	78296   _	
		CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕	
	Name of Bank, De	pository, etc.			
	Mailing Address				
	Mailing Address				
	Mailing Address				

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Banks or Other Depositories safety deposit boxes or maintain	ains funds.	[ ADDITIONAL ]
Name of Bank, Depository, et	c.	[ ADDITIONAL ]
Presid	dential Bank	
Mailing Address	4520 East-West Highway	
	Bethesda	MD    , , 20814  _  , ,
	CITY 🗻	STATE △ ZIP CODE △
Name of Any Connected O	Organization or Affiliated Committee	[ ADDITIONAL 1
Name of Any Connected O	Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connected O	Organization or Affiliated Committee	[ ADDITIONAL ]
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	Organization or Affiliated Committee	[ ADDITIONAL ]
	Organization or Affiliated Committee	[ ADDITIONAL ]
	Organization or Affiliated Committee	[ ADDITIONAL ]
	Organization or Affiliated Committee	[ ADDITIONAL ]  STATE A ZIP CODE A
Mailing Address	CITY &	STATE A ZIP CODE A
		STATE A ZIP CODE A
Mailing Address	CITY▲	STATE A ZIP CODE A
Mailing Address  Relationship  Type of Connected Organiza	CITY &	STATE A ZIP CODE A
Mailing Address  Relationship	CITY▲	STATE A ZIP CODE A
Mailing Address  Relationship  Type of Connected Organiza	CITY▲  Corporation w/o Capital Stock	STATE A ZIP CODE A

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Designated Agent		[ ADDITIONAL ]		
Full Name				
Mailing Address			_	
Title or Position ▼	CITY A	STATE &	ZIP CODE A	
		elephone number		